



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

NISAL CORP

**Respondent Name**

Texas Mutual Insurance Company

**MFDR Tracking Number**

M4-11-0880-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

November 12, 2010

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "After careful analysis, we have decided that the codes we are billing are correct. We believe that these codes best suit the services provided; therefore, we request a review of the charges and a reimbursement to our facility for the appropriate charges."

**Amount in Dispute:** \$150.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** ". . . both the original bill and the request for reconsideration have an invalid modifier attached to the CPT code. The correct modifier is W1. DWC Rule 134.204 at (e)(4)(B)(i) states, 'Case management services required the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity. Case management services shall be billed and reimbursed as follows. . (i) Reimbursement to the treating doctor shall be \$198.00. Modifier 'W1' shall be added.' For this reason alone Texas Mutual argues no reimbursement is due."

**Response Submitted by:** Texas Mutual Insurance Company

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 15, 2009	99362-W1	\$150.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - The following modifier(s) for the highlighted CPT Procedure Code on bill are invalid: Procedure #W1 with 99362.
  - Modifier invalid with procedure code(s): W1

## Issues

1. Did the requestor append the correct modifier to CPT code 99362-W1?
2. Did the requestor submitted documentation to support the billing of CPT code 99362-W1?
3. Is the requestor entitled to reimbursement?

## Findings

1. Per 28 Texas Administrative Code §134.204 "(e) Case Management Responsibilities by the Treating Doctor is as follows: (4) Case management services require the treating doctor to submit documentation that identifies any HCP that contributes to the case management activity. Case management services shall be billed and reimbursed as follows: (B) CPT Code 99362. (i) Reimbursement to the treating doctor shall be \$198. Modifier "W1" shall be added. (ii) Reimbursement to the referral HCP shall be \$50 when a HCP contributes to the case management activity."

Review of the submitted documentation (CMS-1500) supports that the requestor appended modifier W1 to CPT code 99362. Modifier W1 is a division approved modifier when billing CPT code 99362. Therefore, the insurance carrier's denial is unsupported. The dispute charge will be reviewed pursuant to Texas Administrative Code §133.307.

2. Per 28 Texas Administrative Code §133.307 "(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute."

Review of the DWC060 request did not contain copies of the medical documentation to support the billing of CPT code 99362-W1. The division is therefore unable to determine if the services were rendered by the treating doctor to reimburse the \$150.00 or rendered by the referral HCP who contributes to the case management activity to reimburse the \$50.00. As a result, reimbursement cannot be recommended for the disputed CPT code 99362-W1.

3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for CPT code 99362-W1.

## Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
May 9, 2014  
Date

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**